FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: Expires:

Estimated average burden hours per response. 16.00

SEC USE ONLY						
Prefix		Serial				
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Specialty Trust, Inc. 2007 Private Offering of Common Stock
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Specialty Trust, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
6160 Plumas Street, Reno, NV 89519 (775) 826-0809
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business
Specialty Trust, Inc. is a mortgage finance company that acquires and holds residential, commercial and land mortgage loans and mezzanii loans.
Type of Business Organization
Type of Business Organization Corporation limited partnership, already formed other (please specify): PROCESSED
business trust limited partnership, to be formed
Month Year 0CT 1 5 2007
Actual or Estimated Date of Incorporation or Organization [110] [017] [d Actual [1] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			A. BASIC IDE	ENŢIF	FICATION DATA		: - •		** *-	
2. Enter the information re	quested for the fol	llowing:		· · ·	•					
Each promoter of t	he issuer, if the iss	suer has bee	n organized w	ithin t	he past five years;					
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issu									of the issuer.	
					rate general and man					
Each general and n		•		•	J	-	•	•	,	
			•							
Check Box(es) that Apply:	Promoter	Bene	ficial Owner	V	Executive Officer	V	Director		General and/or Managing Partner	
Full Name (Last name first, in Gonfiantini, Nello III	f individual)							-		
Business or Residence Addres 6160 Plumas Street, Ren	`	Street, City	, State, Zip Co	ode)			· · · · · · · · · · · · · · · · · · ·		•	
Check Box(es) that Apply:	Promoter	☐ Bene	ficial Owner	Z	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, in Caudill, Grace A.	f individual)			<u> </u>	·····	 -		_		
Business or Residence Addre	ss (Number and	Street, City	, State, Zip Co	de)			·····			· · · · · · · · · · · · · · · · · · ·
6160 Plumas Street, Rend		•	•							
Check Box(es) that Apply:	Promoter	Bene	ficial Owner	Z	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, is Lawless, Robert E.	f individual)		7.	····						
Business or Residence Addre	ss (Number and	Street, City	, State, Zip Co	de)					· ···	
6160 Plumas Street, Rend	o, NV 89519									
Check Box(es) that Apply:	Promoter	Bene	ficial Owner		Executive Officer	Z	Director		General and/or Managing Partner	
Full Name (Last name first, in	f individual)							·		
Business or Residence Addres	•	Street, City	, State, Zip Co	ode)						
Check Box(es) that Apply:	Promoter	☐ Bene	ficial Owner		Executive Officer	Z	Director		General and/or Managing Partner	
Full Name (Last name first, in Fennell, Harvey	f individual)									
Business or Residence Addre 6160 Plumas Street, Ren	•	Street, City	, State, Zip Co	ode)						
Check Box(es) that Apply:	Promoter	Bene	ficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner	
Full Name (Last name first, it Johnson, Steve S.	f individual)								·	
Business or Residence Addre 6160 Plumas Street, Ren		Street, City	, State, Zip Co	ode)						
Check Box(es) that Apply:	Promoter	Bene	ficial Owner		Executive Officer	Z	Director		General and/or Managing Partner	
Full Name (Last name first, i Martinelli, Emest	f individual)								, <u>, , , , , , , , , , , , , , , , , , </u>	
Business or Residence Addre 6160 Plumas Street, Ren	•	Street, City	, State, Zip Co	ode)		••				
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		A. BASIC ID	ENTIFICATION DATA	•	
2. Enter the ir formation re	quested for the fol	lowing:			
• Each promoter of t	he issuer, if the iss	uer has been organized w	vithin the past five years;		
 Each teneficial ow 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive off	icer and director o	f corporate issuers and of	corporate general and man	aging partners of p	partnership issuers; and
• Each general and n	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Cult Name (Last name Gest)	Cindinidual	•			
full Name (Last name first, i Novacek, Stephen V.	i maividuai)				
Business or Residence Addre		Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or , Managing Partner
Full Name (Last name first, i Winkel, Rob	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		•
\$160 Plumas Street, Rend	o, NV 89519				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)	,	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
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		isting in									Yes	No
Does	the offering	permit join	t ownershi	p of a sing	le unit?				•••	•••••	K	
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RI		SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbb{W}}\overline{\mathbb{V}}$	WI	WY	PR

C. OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	k	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0.00	\$ 0.00
•	Equity		\$ 12,737,270.00
	☑ Common ☐ Preferred	Ψ	Ψ
	Convertible Securities (including warrants)	c 0.00	0.00 \$
	Partnership Interests		\$ 0.00
	Other (Specify)		\$ 0.00
	Total	50,000,000.00	·
	Answer also in Appendix, Column 3, if filing under ULOE.	.	5 12,107,210.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e r	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 12,730,250.00
	Non-accredited Investors		s 7,020.00
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		J
3.	• • • • • • • • • • • • • • • • • • • •		
	Type of Offering	Type of	Dollar Amount
	Rule 505	Security 0	Sold \$_0.00
	·		\$ 0.00 \$ 0.00
	Regulation A		\$ 0.00 \$ 0.00
	Rule 504		
	Tctal		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs	Z	§ 4,000.00
	Legal Fees		\$_60,000.00
	Accounting Fees	_	\$_0.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)		§ 0.00
	Other Expenses (identify) State Blue Sky Registration Fees		\$ 1,225.00
	Total		s 65,225.00

L	C. OFFERING PRICE, NUMB	BER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gro	OSS	\$49,934,775.00
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate a the payments listed must equal the adjusted gro	nd	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate			S 0.00
	Purchase, rental or leasing and installation of mach and equipment	ninery	<u> </u>	□ \$ 0.00
	Construction or leasing of plant buildings and facilities			s 0.00
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	\[\\$ 0.00	s 0.00	
	Repayment of indebtedness		\$ 35,000,000.00	
	Working capital		\$ 200,000.00	
	Other (specify): Purchase and funding of comme	\$_0.00	\$ 13,734,775.00	
	and mezzanine loans.		-	
			🗆 \$	\$
	Column Totals			
	Total Payments Listed (column totals added)	\$ <u>_49</u>	,934,775.00	
		D. FEDERAL SIGNATURE		
sigr	issuer has duly caused this notice to be signed by the cature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Comm	nission, upon writter	
Issu	er (Print or Type)	Signature 2	Date	
Sp	ecialty Trust, Inc.	Valle R. Tollook	October 9, 2007	
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)	· · · · · · · · · · · · · · · · · · ·	
Phill	ip R. Pollock	Assistant Secretary		

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)